



**CITY OF LOWELL**  
**HEALTH DEPARTMENT**  
**TOBACCO CONTROL PROGRAM**

341 Pine Street  
Lowell, MA 01851  
Phone: (978) 674-1073  
Fax: (978) 970-4011



October 10, 2017

Lowell Food Mart  
624 School Street  
Lowell, MA 01851

Mailed: 10/10/17  
Certified # 7002 0510 0002 0831 6285

**HEARING NOTICE**

Dear Manager/Owner:

As you are aware, a minor was sold tobacco at your establishment during routine compliance checks conducted by the Lowell Tobacco Control Program on August 9, 2017. The Sale of tobacco products to anyone younger than eighteen (18) years of age violates state law (M.G.L. c. 270 s. 6) and the sale of tobacco products to anyone younger than twenty-one (21) years of age violates the *Regulation of the Lowell Board of Health Restricting the Sale of Tobacco Products*.

Since this violation was the second offense within the last twenty-four (24) months, the Lowell Board of Health intends to suspend your Tobacco Product Sales Permit for seven (7) consecutive business days, in accordance with its aforementioned regulation.

Therefore, you're hereby notified that a hearing will be held on Wednesday, November 1, 2017 at 6:00 PM in the Mayor's Reception Room, City Hall, 2<sup>nd</sup> Floor, 375 Merrimack St, Lowell, MA 01852. Your presence is expected and you'll have an opportunity to be heard before the Board makes its decision.

If you have any questions I can be reached at (978) 674-1073.

Sincerely,

Cesar Pungirum, MM, JD  
Tobacco Control Program Director

7002 0510 0002 0831 6285

(Domestic Mail Only: No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$</b>

Mailed on  
10/10/17  
Postmark  
Here

Sent To: **LOWELL FOOD MART**  
 Street, Apt. No.,  
 or PO Box No. **624 SCHOOL ST**  
 City, State, ZIP+4<sup>®</sup> **LOWELL, MA 01851**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

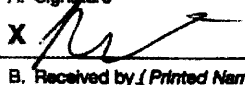
**LOWELL FOOD MART  
 624 SCHOOL ST.  
 LOWELL, MA 01851**

**2. Article Number**

(Transfer from service label)

**7002 0510 0002 0831 6285**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> 		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <b>Chris Patel</b>	C. Date of Delivery <b>10/18/17</b>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

FOR TELEPHONE INQUIRIES CALL 978-970-4010

<b>CITY ORDINANCES</b>	
<b>CITY OF LOWELL VIOLATION</b>	
2590	
NAME OF VIOLATOR:	
KAILASHBEN PATEL	
STREET	
624 SCHOOL ST.	
CITY/TOWN:	ZIP:
LOWELL, MA	01851
VIOLATION DATE:	TIME:
8/11/17	1:17 PM
VIOLATION LOCATION:	
LOWELL FOOD MART 624 SCHOOL ST.	

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOREGOING CITATION

☒ UNABLE TO OBTAIN SIGNATURE OF OFFENDER

DATE MAILED: 28/10/17

VIOLATION: SALE OF TOBACCO TO A MINOR

IN VIOLATION TO BOTH REGULATION RESTRICTIVE

THE SALE OF TOBACCO PRODUCTS D-1, 2

FINE: \$200.00

COMMENTS:

INSPECTOR: C. JUNGHANS

YOU HAVE THE FOLLOWING ALTERNATIVES IN THIS MATTER

☐ I choose to pay the above fine WITHIN 21 DAYS OF THE DATE OF THIS NOTICE. I have enclosed a check or money order payable to the City of Lowell in this envelope. An authorized person may bring this ticket and payment to the City of Lowell Health Department, 341 Pine Street, Lowell, MA 01851 between the hours of 8am to 5pm Monday through Friday.

☐ I desire to contest this matter, I request a noncriminal hearing, before Trial Court. I am enclosing a copy of this citation, WITHIN 21 DAYS OF THE DATE OF THIS NOTICE TO:

CITY OF LOWELL  
HEALTH DEPARTMENT  
341 PINE STREET  
LOWELL, MA 01851

SIGNATURE:

WHITE COPY-HEALTH DEPT CANARY - COURT MANILLA OFFENDER

**SALONI INC.**  
624 SCHOOL STREET  
LOWELL, MA 01851

PAY  
TO THE  
ORDER OF

City of Lowell

Two Hundred Dollars

Enterprise Bank

FOR City of Lowell 2590

⑆00278⑆ ⑆01302742⑆

427 913⑆

DATE 08/11/17 53-274-113

\$200.00

DOLLARS

2781



City of Lowell  
Health Department  
341 Pine Street  
Lowell, MA 01851

**CASH  
RECEIPT**

Date 8-21-17

002574

Received From

Lowell Food Mart / Kalkashhem Patel

Address

624 School St Lowell

100 Handled Dollars + 200 -  
Tobacco Violation #2540 Sale of liquor and off

**ACCOUNT**

200 -  
200 -  
0 -

**HOW PAID**

2781

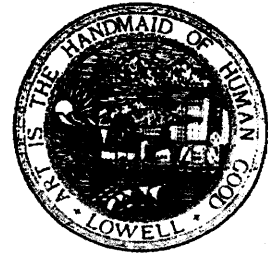
By

LCRA



**CITY OF LOWELL  
HEALTH DEPARTMENT  
TOBACCO CONTROL PROGRAM**

341 Pine Street  
Lowell, MA 01851  
Phone: (978) 674-1073  
Fax: (978) 970-4011



August 10, 2017

Lowell Food Mart  
624 School Street  
Lowell, MA 01851

Mailed: 08/10/17  
Certified # 7002 0510 0002 0831 6322

Re: Sale of Tobacco to a Minor

**NOTICE OF VIOLATION - SECOND OFFENSE**

Dear Manager/Owner:

As you are aware, a minor was sold tobacco at your establishment during routine compliance checks conducted by the Lowell Tobacco Control Program on August 9, 2017. The Sale of tobacco products to anyone younger than eighteen (18) years of age violates state law (M.G.L. c. 270 s. 6) and the sale of tobacco to anyone younger than twenty-one (21) violates the *Lowell Board of Health Regulations Restricting the Sale of Tobacco Products*.

The penalty for a second offense within the last twenty-four (24) months is a fine in the amount of two hundred dollars (\$200.00) and the suspension of the Tobacco and Nicotine Delivery Product Sales Permit for seven (7) consecutive business days.

You have twenty-one (21) days from the date of the violation to either pay the enclosed fine or contest this matter according with the instructions on the enclosed. You'll be notified of the date and time of the permit suspension hearing by certified mail. Failure to take action may also result in the suspension of your tobacco permit.

Please take the necessary steps to ensure that all persons working at your establishment follow the proper procedure for selling tobacco products. If you have any questions I can be reached at (978) 674-1073.

Sincerely,

Cesar Pungirum, MM, JD  
Tobacco Program Director

FOR TELEPHONE INQUIRIES CALL 978-970-4010

CITY ORDINANCES		2590
CITY OF LOWELL VIOLATION		
NAME OF VIOLATOR:		
KAILASHBEM PATEL		
STREET		
624 SCHOOL ST.		
CITY/TOWN:	ZIP:	
Lowell, MA	01851	
VIOLATION DATE:		TIME:
8/9/17		1:17 PM
VIOLATION LOCATION:		
Lowell Food Mart 624 School St		
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOREGOING CITATION		

☒ UNABLE TO OBTAIN SIGNATURE OF OFFENDER

DATE MAILED: 8/10/17

VIOLATION: SALE OF TOBACCO TO A MINOR  
PURSUANT TO BOH REGULATION RESERVING  
THE SALE OF TOBACCO PRODUCTS 21, 2

FINE: \$200.00

COMMENTS:

INSPECTOR

C. JUNGHWA

YOU HAVE THE FOLLOWING ALTERNATIVES IN THIS MATTER

☐ I choose to pay the above fine WITHIN 21 DAYS OF THE DATE OF THIS NOTICE. I have enclosed a check or money order payable to the City of Lowell in this envelope. An authorized person may bring this ticket and payment to the City of Lowell Health Department, 341 Pine Street, Lowell, MA 01851 between the hours of 8am to 5pm Monday through Friday.

☐ I desire to contest this matter, I request a noncriminal hearing, before Trial Court. I am enclosing a copy of this citation, WITHIN 21 DAYS OF THE DATE OF THIS NOTICE TO:

CITY OF LOWELL  
HEALTH DEPARTMENT  
341 PINE STREET  
LOWELL, MA 01851

SIGNATURE: \_\_\_\_\_

WHITE COPY-HEALTH DEPT CANARY - COURT MANILLA OFFENDER

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

2229 1E90 2000 0T50 2002

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAILED ON  
8/10/17  
Postmark  
here

Sent To: Lowell Food Mart  
Street, Apt. No. or PO Box No. 624 SCHOOL ST.  
City, State, ZIP+4 Lowell MA 01851

2. Article Number  
(Transfer from service label)  
PS Form 3811, February 2004

7002 0510 0002 0831 6322

Domestic Return Receipt

102565-02-M-1540

Article Addressed to:  
Lowell Food Mart  
624 SCHOOL ST.  
Lowell, MA 01851

- SENDER, COMPLETE THIS SECTION
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent	
B. Received by (Printed Name) <input checked="" type="checkbox"/> Addressee	
C. Date of Delivery 8/14/17	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	

MITCP ID: \_\_\_\_\_

# Tobacco Compliance Check Form

2007-2008

## Section 1:

### Establishment

Name: Lohell Food Mart  
 Address: 624 School St.  
 City: Lohell Zip Code: 01851  
 Type of Establishment: ☐ Chain ☒ Independent ☐ Not Known

### Survey Participants

ID of Purchaser: 977716  
 Age: ☐ 15 ☒ 16 ☐ 17  
 Sex: ☒ Male ☐ Female  
 Name of Adult Supervisor: WINGGREN  
 Time of Check: 1:17 am ☐ pm ☒  
 Date of Check: 3/9/12  
 Day of the Week: ☐ Mon ☐ Tues ☒ Wed  
☐ Thurs ☐ Fri ☐ Sat ☐ Sun

### Style of Establishment (Check Only One):

<input checked="" type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Bar
<input type="checkbox"/> Department Store	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Private Club (VFW, Legion, etc.)
<input type="checkbox"/> Gas Station Only	<input type="checkbox"/> Pharmacy/Drug Store	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Gas Mini-Mart	<input type="checkbox"/> Other (bowling alley, golf club etc.)	<input type="checkbox"/> Tobacconist

## Section 2:

**Was Compliance Check completed?** Yes ☒ No ☐

*If Yes please continue on to the next question, if No please skip this section and go to section 3.*

### How was tobacco marketed?

- ☒ Over-the-counter: youth asks the clerk for the product.  
☐ From a vending machine with a lockout device.  
☐ Other

Describe: \_\_\_\_\_

Was the Purchaser asked for ID? Yes ☐ No ☒ Was this an ID-based check? Yes ☐ No ☒  
 Was the Purchaser asked his/her age? Yes ☐ No ☒  
 Sex of Clerk: Male ☐ Female ☒ Approximate age of clerk: ☐ Teen ☐ Young Adult ☒ Adult ☐ Older Adult

Type of tobacco asked for: ☐ Cigarettes Brand of cigarettes asked for: ☐ Marlboro ☐ Newport ☐ Other: \_\_\_\_\_  
☐ Chew/Dip ☒ Cigars ☐ Other \_\_\_\_\_ Brand: same

Was the sale made? Yes ☒ No ☐

If "Yes" how much did the product cost: \$ 5.00 Was a receipt given? Yes ☐ No ☒

Purchaser made payment using: ☐ \$1 bills ☐ \$5 bill(s) ☐ \$5 bill and \$1 bills/ or change ☐ \$10 bill(s) ☒ \$20 bill ☐ change

## Section 3:

If the youth did not enter the premises or did not attempt to purchase tobacco products please indicate why:

<input type="checkbox"/> Out of Business	<input type="checkbox"/> Temp. long term closure	<input type="checkbox"/> In operation, closed at time of visit	<input type="checkbox"/> Drive thru only
<input type="checkbox"/> Does not sell tobacco	<input type="checkbox"/> Unlocatable	<input type="checkbox"/> Unsafe to access	<input type="checkbox"/> Tobacco out of stock
<input type="checkbox"/> Inaccessible by youth	<input type="checkbox"/> Wholesale only/cartons	<input type="checkbox"/> Presence of police	<input type="checkbox"/> Permit Suspended
<input type="checkbox"/> Private club/personal residence	<input type="checkbox"/> Machine broken	<input type="checkbox"/> Youth inspector knows salesperson	<input type="checkbox"/> Other
		<input type="checkbox"/> "Don't sell" but tobacco seen in store/has permit	